

BEST AVAILABLE COPY

<b>MULTIPLE DEPEN CLAI FEE CALCULATION SHEET (FOR USE WITH FO RTO-875)</b>						SERIAL NO. <i>10/539305</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2	/					52							
3	2					53							
4	1					54							
5	1					55							
6	1					56							
7	1					57							
8	1					58							
9	1					59							
10	1					60							
11	1					61							
12	1					62							
13	1					63							
14	1					64							
15	1					65							
16	1					66							
17	1					67							
18	1					68							
19	1					69							
20	1					70							
21	1					71							
22	1					72							
23	1					73							
24	1					74							
25	1					75							
26	1					76							
27	1					77							
28	1					78							
29	1					79							
30	1					80							
31	1					81							
32	1					82							
33	1					83							
34	1					84							
35	1					85							
36	1					86							
37	1					87							
38	1					88							
39	1					89							
40	1					90							
41	1					91							
42	1					92							
43	1					93							
44	1					94							
45	1					95							
46	1					96							
47	1					97							
48	1					98							
49	1					99							
50	1					100							
TOTAL IND.	1												
TOTAL DEP.	28												
TOTAL CLAIMS	29												